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a valid OMB control number.									
				Attorney Doo	ket Number	7000-	7000-104 Fuller et al.		
DECLARATIO	ON FOR U DESIGN	JTILITY (OR	First Named	Inventor	Fuller			
1	APPLICA CFR 1.63			COMPLETE IF KNOWN					
(07	011111.00	''		Application No	umber		/		
57	_			Filing Date					
Declaration Submitted 0		Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)		Group Art Uni	t				
with Initial Filing	(37		Examiner Nan	ne					
As a below named invento	or, I hereby decl	are that:			W.E.				
My residence, post office ad	Idress, and citize	nship are as st	ated below	next to my name.					
I believe I am the original, fin names are listed below) of t	rst and sole inver	ntor (if only one	name is lis	sted below) or an or	iginal, first and joint inve	entor (if plur	al		
TIME VARYING					puant on the invention e	ntitled:			
the specification of which		(Title of t	the Inventio	nn)					
is attached hereto									
OR									
was filed on (MM/DI	D/YYYY)			as United States Ap	oplication Number or PC	T Internation	onal		
Application Number			and was an	nended on (MM/DD/	YYY) [(if applica	ıble).	
I hereby state that I have rev amended by any amendmen	iewed and under	stand the conte	ents of the	above identified spe	ecification, including the	claims, as			
I acknowledge the duty to dis			erial to nate	ntahility as defined	in 27 CED 1 F6				

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application Number(s)	Coun	itry		gn Filing Date M/DD/YYYY)	Priority Not Claimed	C	ertified Copy YES	Attached?	
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Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto: I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.									
Application Number(s)	er 35 U.S.C. 119	(e) of any Unite Filing Date	ed States p	rovisional application	on(s) listed below.				
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U.S. Parent Application or PCT Parent				Parent Fi	iling Date	Pare		nt Number	
Number				(MM/DE	D/YYYY)		(if app	licable)	
Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.									
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and Trademark Office con		ND 27820			Place Customer Number Bar Code Label here				
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
Name of Sole or First Inventor: A petition has been filed for this unsigned inventor						ned inventor			
Given Name (first and middle [if any]) Family Name or Surn					rname				
Arthur T. G. Fuller					·				
Inventor's Signature	arthu Fulle			Date O			ct 30/2001		
Residence: City	Kanata	State	ON	ON Country CANADA			Citizenship CANADA		
Post Office Address	s 239 Knudson Drive								
Post Office Address									
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City Additional invento	rs are being named or								

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Additional	I Joint Inventor, if any: A petition has been filed for this unsigned inventor									
Given Na	n Name (first and middle [if any]) Family Name or Surname									
	Bradley J				Morris					
Inventor's Signature										
Residence: City	Ottawa	State	ON		Countr	у	CANADA Citizenship CAN			CANADA
Post Office Address	1233 Sherman Drive				****					
Post Office Address										
City	Ottawa	State	ON		ZIP	K20	C 2M7		Country	CANADA
Name of Additional	Joint Inventor, if any:]	A	petition	has			nis unsigned	inventor
Given Na	me (first and middle [if any])						Family	Name o	or Surname	
Inventor's Signature							Date		r	
Residence: City		State			Count	ntry		Citizenship)	
Post Office Address										
Post Office Address										
City		State ZIP Country								
Name of Additional Joint Inventor, if any: A petition has been filed for this				his unsigned	d inventor					
Given Name (first and middle [if any]) Family Name or Surname										
Inventor's Signature							Date			
Residence: City		State			Count	ry			Citizenshi	p
Post Office Address										
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